

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		8/8/99
O.I.P.E. CLASSIFIER		10	8-16-99
FORMALITY REVIEW		71634	8/26/99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/12/99
2	✓	✓	8/12/99
3	✓	✓	8/12/99
4	✓	✓	8/12/99
5	✓	✓	8/12/99
6	✓	✓	8/12/99
7	✓	✓	8/12/99
8	✓	✓	8/12/99
9	✓	✓	8/12/99
10	✓	✓	8/12/99
11	✓	✓	8/12/99
12	✓	✓	8/12/99
13	✓	✓	8/12/99
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46	✓	✓	8/12/99
47	✓	✓	8/12/99
48	✓	✓	8/12/99
49	✓	✓	8/12/99
50	✓	✓	8/12/99

Claim	Final	Original	Date
51	✓	✓	8/12/99
52	✓	✓	8/12/99
53	✓	✓	8/12/99
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97	✓	✓	8/12/99
98	✓	✓	8/12/99
99	✓	✓	8/12/99
100	✓	✓	8/12/99

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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